



SAFER GLOUCESTERSHIRE COMMUNITY SAFETY PARTNERSHIP

DOMESTIC HOMICIDE REVIEW

EXECUTIVE SUMMARY

Overview Report into the death by suicide of Magda July 2021

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Associate Standing Together Against Domestic Abuse

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Executive Summary

1. Preface

1.1 The Review Process

1.1.1 This summary outlines the process undertaken by Safer Gloucestershire Community Safety Partnership Domestic Homicide Review (DHR) panel in reviewing the death by suicide of Magda, who was a resident in the Gloucester Local Authority area.

1.1.2 The following pseudonyms have been used in this review for the victim, their children and perpetrators to protect their identities and those of their family members:

Referred to in report as	Relationship to the victim	Age at time of V death	Ethnic Origin	Faith	Disability
Magda	Victim	30-35	Eastern European	Catholic	Not known
Darek	Husband (separated)	30-35	Eastern European	Presumed Catholic	Not known
Antoni	Current partner (previous lodger)	36-40	Eastern European	Unknown	Not known
Child A	Oldest Child of Magda and Darek	Secondary school age	Eastern European	Unknown	None identified
Child B	Youngest Child of Magda and Darek	Primary school age	Eastern European	Unknown	None identified

1.1.3 The process began with an initial Expert Panel meeting of the Community Safety Partnership in October 2021 when the decision to hold a DHR was agreed. All agencies that potentially had contact with Magda, Darek, Antoni or the family prior to the point of death were contacted, asked to confirm whether they had involvement with them, and instructed to secure their records.

1.2 Contributors to the Review

1.2.1 This Review has followed the 2016 statutory guidance for Domestic Homicide Reviews which was issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004. A total of 19 agencies were contacted to check for involvement with the parties concerned with this Review. Of these, 1 had only limited contact and submitted

a Short Report and 8 had more extensive contact and were asked to submit Individual Management Reviews (IMRs). A narrative chronology was also prepared.

1.2.2 The chronologies were combined and a narrative chronology written by the chair.

1.2.3 The following agencies and their contributions to this Review are:

Agency	Contribution: Chronology / IMR / Short Report / Other
Gloucestershire Domestic Abuse Support Service (GDASS)	IMR and chronology
MARAC	Short report
Children's Social Care (CSC)	IMR and chronology
Gloucestershire Health and Care Foundation Trust (GHC)	IMR and chronology
Change Live Grow (CGL)	IMR and chronology
GP Practice represented by NHS Gloucestershire Integrated Care Board (ICB)	IMR and chronology
Housing Services	IMR and chronology
Probation Service	IMR and chronology
Gloucestershire Hospitals NHS Foundation Trust	IMR and chronology

Police	IMR and chronology
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1.2.4 *Independence and Quality of IMRs:* The IMRs were written by authors independent of case management or delivery of the service concerned. All IMRs were written by authors independent of case management or delivery of the service concerned. All IMRs and Short Reports received were comprehensive and enabled the Review Panel to analyse the contact with Magda, Darek and Antoni, and to produce the learning for this review. Where necessary further questions were sent to agencies and responses were received.

1.3 The Review Panel Members

Name	Job Title	Agency
Danielle Davis	Independent Chair	Standing Together
Various ¹	NHS Gloucestershire ICB safeguarding Team	ICB
Daniel New	Detective Seargent	Gloucestershire Constabulary
Heather Downer	Domestic Abuse Services Manager	Gloucestershire Domestic Abuse Support Service (GDASS) GreenSquareAccord

¹ Since the start of this DHR there had been a number of changes within the ICB safeguarding team and therefore there was not a consistent practitioner attending the panel meetings. Those that contributed included: Samantha O'Malley, Annette Blackstock, Katy McIntosh and Jo Bridgeman.

Julia Dwyer	Head of Services	Refuge
Katarzyna Ingot	Eastern European IGVA (Independent Gender Violence Advocate) Service Manager	Refuge
Liz Emmerson	Head of Safeguarding	Gloucestershire Health and Care Foundation Trust (GHC) ²
Kirsty Sedgman	Specialist Safeguarding Nurse	Gloucestershire Health and Care Foundation Trust (GHC)
Jeanette Welsh	Lead for Safeguarding Adults	Gloucestershire Hospitals NHS Foundation Trust
Rae Davies	Head of Service	Change Grow Live (CGL)
Kanchan Jadeja	Quality Assurance and Improvement Consultant	Gloucestershire County Council

² (who provide mental health related services)

Michelle Wheatley	Housing Services Operational Lead	Gloucester City Council Housing Team
Sophie Jarrett	County Domestic Abuse and Sexual Violence Strategic Coordinator	Gloucestershire OPCC (joint post also with the constabulary and county council)

- 1.3.1 *Independence and expertise:* Review Panel members were of the appropriate level of expertise and were independent, having no direct line management of anyone involved in the case.
- 1.3.2 The Review Panel met a total of five times, with the first meeting of the Review Panel on the 9th February 2022. There were subsequent meetings on 27th July, 28th September, 31st March 2023 and 9th August.
- 1.3.3 The Chair of the Review wishes to thank everyone who contributed their time, patience and cooperation to this review.

1.4 Chair of the DHR and Author of the Overview Report

- 1.4.1 The Chair and author of this DHR is Danielle Davis, an Associate of Standing Together Against Domestic Abuse (Standing Together). Danielle has received Domestic Homicide Review Chair’s training from Standing Together. Danielle has been the Chair of four DHRs (inclusive of this one). Danielle has over eleven years’ experience working in the domestic abuse sector including through frontline and strategic roles. She has previously worked in Local Authority domestic abuse strategic and commissioning roles as well as the Head of the Knowledge Hub at SafeLives, a national domestic abuse charity. The latter included managing programmes such as the Home Office funded One Front Door pilot, the MARAC quality assurance programme and the Leading Lights service accreditation programme. Danielle is currently an independent interpersonal violence consultant supporting charities (including Surviving Economic Abuse and Ruhama) and local areas across the UK to strengthen responses to violence, abuse and exploitation through strategy, evaluation and research.
- 1.4.2 *Independence:* Danielle has no connection with the Safer Gloucestershire Community Safety Partnership or any of the agencies involved in this case.

1.5 Terms of Reference for the Review

- 1.5.1 At the first meeting, the Review Panel shared information about agency contact with the individuals involved, and as a result, established that the time period to be reviewed would be from 1st January 2019 to the date of the death. This timeframe was chosen because this would cover the time in which we are aware Magda was in the UK and incorporates the

significant events from where agencies were aware of the family. Agencies were asked to summarise any relevant contact they had had with Magda, Darek or Antoni outside of these dates.

1.5.2 *Key Lines of Inquiry:* The Review Panel considered both the “generic issues” as set out in 2016 Guidance and identified and considered the following case specific issues:

- Analyse the communication, procedures and discussions, which took place within and between agencies.
- Analyse the co-operation between different agencies involved with Magda and/or Antoni/Darek.
- Analyse the opportunity for agencies to identify and assess domestic abuse risk.
- Analyse agency responses to any identification of domestic abuse issues.
- Analyse organisations’ access to specialist domestic abuse agencies.
- Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.
- Analyse organisations accessibility and cultural competencies in working with individuals from the Eastern European community.
- Analyse the organisations records to establish if or how Magda, Antoni or Darek’s ethnicity or culture may have impacted their relational experiences including as a victim/perpetrator of domestic abuse such as through perceived family or gender roles.
- Analyse the organisations information regarding bi-directional violence and abuse, and explore how experiences of previous domestic abuse, trauma or other factors may have impacted Magda’s experiences or access to services.
- Analyse agencies contact to explore if and how the impact of having children removed may have impacted Magda’s experiences and access to services.
- Analyse Magda, Antoni and Darek’s use of drugs and/or alcohol to explore how this may have impacted their experiences, particularly of domestic abuse as well as how they access services.
- Analyse the organisations knowledge and information regarding Magda, Antoni and Darek’s economic situation and the extent to which experiences of a) debt, b) rent arrears, c) benefits stopping following children being removed, d) spare room tax following children’s removal, e) potentially illegal sub-letting, f) employment or ability to gain employment or g) other factors may have impacted their experiences, or access to services.
- Analyse the organisations contact to explore if or how the COVID-19 pandemic impacted the Magda, Antoni and Darek’s experiences of domestic abuse, or accessibility to services.

- Analyse and explore intersectionality, and the impact of the intersection of multiple factors as noted above (economic, children removed, culture, religion, sex, domestic abuse, trauma, housing, bi-directional violence) may have impacted Magda's experiences of domestic abuse, or access to services.

1.5.3 As a result, the national charity Refuge were invited to be part of the review due to their expertise in domestic abuse and Eastern European culture even though they had not been previously aware of the individuals involved.

2. Summary of Chronology

2.1 Summary of Information Known to the Agencies and Professionals Involved

Magda

- 2.1.1 The first significant contact Magda had with agencies in the review period was an attendance in the early hours of the morning in January 2019 at Gloucestershire Hospitals NHS Foundation Trust Emergency Department. She attended with two broken ribs and a deflated lung. She had reportedly been moving a bed up the stairs with her husband Darek when it fell on her.
- 2.1.2 Later in July 2019 a neighbour called the police after seeing Darek assaulting Magda in the street and 'dragging her back inside'. When police attended there were visible signs of an injury and Darek had left the property. A panic alarm was installed, and immediate safeguarding completed. When officers returned, Magda did not want to make a statement, however later that day she changed her mind and provided information regarding this assault as well as a previous assault in January which was the incident, she attended hospital for. He was arrested, charged with ABH and GBH and remanded in custody. In October 2019 he pled guilty to the offences and later received a five-year prison sentence.
- 2.1.3 Magda worked with both GDASS and Children Social Care following the assault in July which included safety planning whilst her husband was in police custody awaiting trial to ensure there was a plan in place should he be released. During this time both agencies were aware that Magda was struggling with her mental health needs with references to possible PTSD as a result of the abuse. During this time there were some concerns from these agencies around her alcohol use.
- 2.1.4 In September 2019 Magda was diagnosed with TB and she began a lengthy period of treatment with Respiratory Clinic at Gloucestershire Hospitals NHS Foundation Trust which included chemotherapy. She reported to several agencies feeling unwell for several months and in some instances, this meant she had missed group sessions on the BREATHE programme³ run by GDASS.
- 2.1.5 In November 2019 at a Respiratory Clinic appointment Magda referenced a lodger as part of the contact tracing for TB. In early December Children Social Care are aware of Magda having a lodger and raised some concern around the nature of the relationship.

³ A domestic abuse group programme for victims and survivors.

- 2.1.6 In April 2020 the Initial Child Protection Conference took place virtually due to the pandemic. Agencies unanimously agreed that the children should be placed on Child Protection Plans.
- 2.1.7 During the virtual meeting the social worker was concerned that Magda was intoxicated. She attended the property and called the police. The children were removed under a Police Protection Order and Magda was arrested for child neglect. Criminal Justice Liaison Service (CJLS) assessed her whilst in custody finding no support needs, however they raised concern that she may not understand her children have been removed due to the language barrier. Magda was released on bail with conditions for no unsupervised contact with her two children. The social worker noted Magda *“appeared ‘defeated’ and concerned about getting her children back”*.
- 2.1.8 In Mid-May the police closed the child neglect case due to a lack of evidence. GDASS continued to support Magda however she was unable to join the group work programme virtually as Antoni was living in the property with her and it was deemed unsafe. Magda was noted to be; *“feeling sad and lonely and wanted support from someone who used to work with her”*.
- 2.1.9 In June 2020 Magda called the police seeking help, the call was intercepted by a male, later to be identified as Antoni, stating assistance was not required, so officers immediately attended. Although officers noted there were injuries, no offences were alleged but Antoni was asked to leave.
- 2.1.10 In January 2021 a neighbour called the police to report a disturbance. Police attended and Magda was home on her own. She was noted to have alluded to being scared of something. In April 2021 a neighbour called the police again noting a disturbance. Police attended and spoke to both Magda and Antoni who both explained they had been arguing but would not elaborate any further.
- 2.1.11 The next day in April 2021 a neighbour called reporting another disturbance however on this occasion on police arrival the house was noted to be in darkness and there was no answer. Police reattended the next morning and spoke to Magda who noted that she had been arguing with Antoni, but she made no criminal allegations. At the end of April a neighbour called the police again noting hearing screaming and banging. Police attended and noted Magda and Antoni were intoxicated. They ‘denied’ any type of altercation and Antoni told police that Magda has mental health issues and had been screaming and throwing things around.
- 2.1.12 In Mid-May 2021 an anonymous third party called the police to report a disturbance. Police attended and were noted to not be able to gain access to the property. They returned the next morning and had no answer, so a forced entry was approved. Magda was at the property alone and stated her and Antoni had been drinking and argued. She referred to him as her partner on this occasion but as no criminal allegations were made no action was taken.
- 2.1.13 In Mid-July 2021 Magda called the police from her property noting that Antoni was attempting to gain entry. They attended and asked him to leave. Four days later an

ambulance was called to the property for a stab wound Antoni had suffered, Magda was arrested for GBH. Whilst in custody she made a counter-allegation that Antoni had threatened to kill her and she picked up the knife in self-defence. Police evidence highlighted she had old and new bruises all over her body. Antoni was subsequently arrested and interviewed. He was given bail with the condition not to contact Magda and he was released under investigation.

2.1.14 Magda died by hanging five days later.

Darek

2.1.15 Darek was not known to many agencies.

2.1.16 At the beginning of 2019 Gloucestershire Hospitals NHS Foundation Trust had met him in the capacity of being Magda's partner when she attended the Emergency Department for an injury they described as being the result of a bed falling on her whilst the couple were moving it up the stairs. There is limited recorded engagement with Darek at this time.

2.1.17 Later in 2019 Darek was known to the police as the perpetrator of an assault on Magda for which he was arrested for Actual Bodily Harm (ABH). During this contact Magda reported further assaults including in January where she had originally noted this was an accidental injury which had in fact been the result on Darek assaulting her resulting in substantial injury which required hospital admission.

2.1.18 After Darek was convicted and in prison he was known to probation services and Children Social Care in relation to the care proceedings for the two children. It was noted that during this period he maintained some contact from prison with the children.

Antoni

2.1.19 Antoni was first known to agencies within the review period in 2019 where he was convicted of a drink driving offence and required to engage with probation, including a requirement to undertake unpaid work.

2.1.20 At this time, he lived in a flat separate from Magda.

2.1.21 Throughout this period his engagement he maintained reasonably consistent with attending his unpaid work, however, was somewhat sporadic with him missing sessions to the group courses.

2.1.22 It was noted that when in the group sessions he was often quiet which was believed to potentially be related to language barriers. There were several times in which he was noted to smell of alcohol.

2.1.23 At the end of 2019 agencies were aware that Antoni had moved in with Magda as a lodger. There was limited information about him gathered at this stage, although some agencies such as Children Social Care believed there may have been an intimate relationship between them.

- 2.1.24 In Mid-January 2020 Antoni informed probation of his change of address to Magda's address. It is unclear whether any checks were completed at this time.
- 2.1.25 There were several police reported incidents of domestic abuse between Antoni and Magda after this which were primarily reported by third parties. Through these contacts Antoni was not referenced as Magda's partner and therefore not considered domestic abuse. No action was taken against him, but on several occasions, he was told to leave her property.
- 2.1.26 In July 2021 he was arrested after initially alleging Magda has stabbed him, which following her arrest was seemingly in self-defence following him threatening to kill her.
- 2.1.27 Antoni found Magda several days later hanging in her home, she died shortly after.

2.2 Any Other Relevant Facts or Information:

- 2.2.1 Since Magda's death Children Social Care became aware that domestic abuse was ongoing and the extent to which violence occurred in the home was more frequent than known to any professionals at the time. It was noted that Magda and Darek would 'argue' at least weekly, and Magda would have injuries from this.

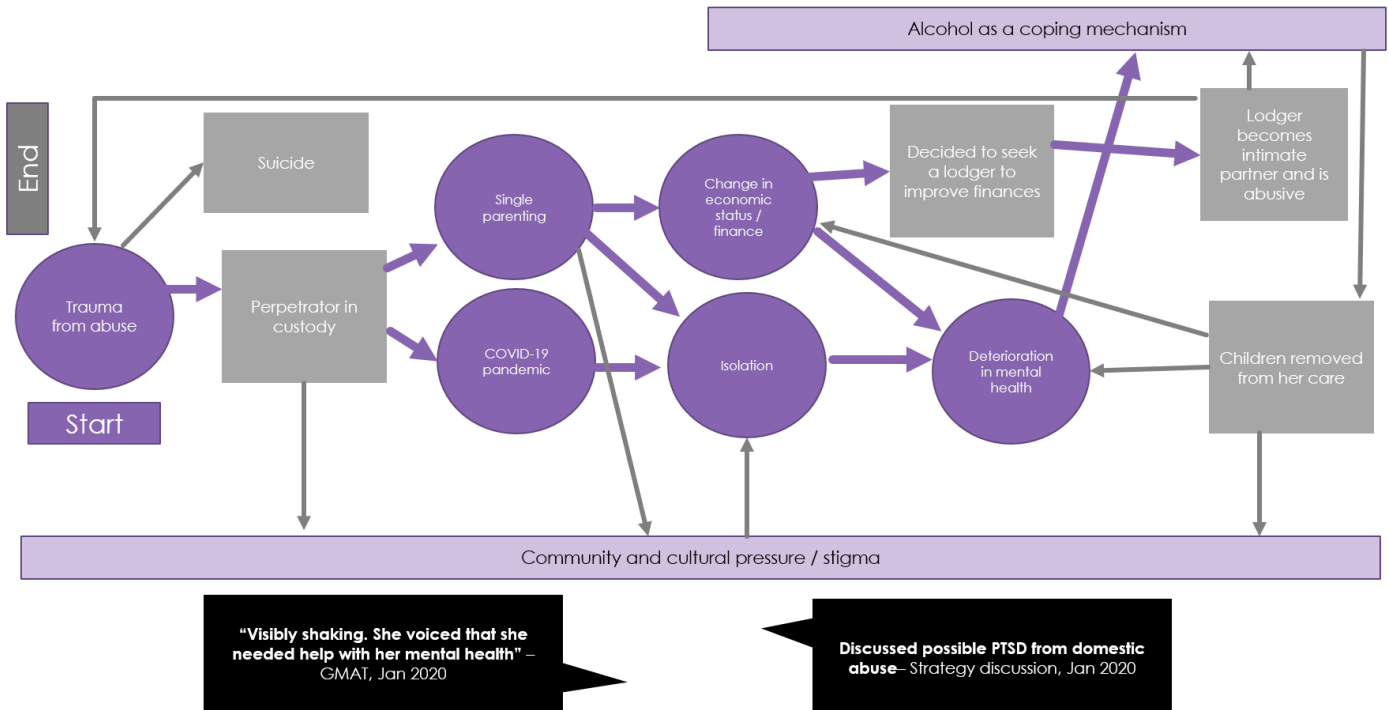
3. Conclusions and Lessons to be Learnt

3.1 Conclusions

3.1.1 The Review Panel extends its sympathy to the family and friends of Magda including her two children.

3.2 Key Themes and Learning Identified

A cycle of co-morbid exacerbation



3.2.1 Magda’s case highlights the complex interplay between multiple comorbid issues experienced that can be experienced by women who die by suicide following domestic abuse. Magda experienced several challenges including domestic abuse, depression, anxiety, trauma, TB, children being removed, self-harm and alcohol use. Evidence has shown that all of these challenges can all exacerbate one another and lead to a vicious cycle of negative health outcomes, which was seemingly the case for Magda.

3.2.2 Studies have shown that individuals who experience domestic abuse are at higher risk of depression and anxiety (Coker et al., 2002), and those with a history of trauma are at greater risk of both mental and physical health problems, including TB (Merskey & Spear, 2017). Furthermore, the removal of children can cause profound distress and grief, contributing to the exacerbation of depression and anxiety (Petersen et al., 2015). The use of alcohol as a coping mechanism can also exacerbate mental health problems, leading to a worsening of symptoms and greater difficulty in seeking help (Kubiak et al., 2014).

- 3.2.3 There is evidence to suggest that people experiencing domestic abuse or having had their children removed are at increased risk of suicide if they self-harm. Research has shown that individuals who have experienced domestic abuse have higher rates of suicidal ideation and behaviour compared to those who have not experienced abuse (Breiding et al., 2014; Devries et al., 2011). Similarly, parents who have had their children removed from their care have also been found to have higher rates of suicidal behaviour (Stevens et al., 2016). Self-harm is a known risk factor for suicide, and when combined with the trauma and distress of domestic abuse or child removal, it can increase the likelihood of suicidal behaviour (Hawton et al., 2015).
- 3.2.4 Therefore, it is crucial for professionals to approach cases like these with a holistic perspective and recognise the complex interplay between the multiple comorbid issues, rather than viewing them as separate and unrelated problems.

Creating safe environments for disclosure and help seeking

- 3.2.5 It was clear that there were multiple barriers for Magda in disclosing and seeking support. Some of these were clear, whilst others we must hypothesise. These included:
- fear of reprisals from perpetrators from whom she experienced physical violence.
 - a lack of understanding of the systems including criminal justice, housing and children social care which may be able to support her. In fact, there is some evidence to suggest she may have indeed feared these systems, particularly where perpetrators had noted she may be 'taken away'. It may have also included a fear of her children being removed, which did inevitably happen.
 - fear of judgement due to her mental health and alcohol needs which may have exacerbated her fear of her children being removed.
 - the impact of trauma which may have made seeking help overwhelming.
 - a lack of economic resource as we believe there was some level of reliance on her husband financially as she only worked part time whilst caring for the children. The fact she got a lodger when he went to prison supports this hypothesis.
 - language, cultural and religious barriers which could have normalised her experiences or made articulating them difficult.
- 3.2.6 Domestic abuse is a complex issue that requires a safe and supportive environment for victims to disclose and seek help. Professionals must create a safe space where the victim can disclose without fear of judgment or retribution. Providing holistic support that addresses the physical, emotional, and psychological needs of the victim is vital to ensuring their safety and well-being (Jewkes et al., 2015). It is also essential for professionals to recognize and address the various barriers that victims may face when seeking help, such as language barriers or a lack of knowledge about available services (George et al., 2017). Creating an environment that is trauma-informed and culturally

sensitive can also improve the victim's experience and increase the likelihood of successful engagement (Domhardt et al., 2015). By recognising and addressing these barriers, professionals can provide a more comprehensive and effective response to domestic abuse.

Cultural competency of the system

- 3.2.7 The family were known to have been from another European country in which there are likely to have been specific cultural norms relevant to their experience of family life. Research has shown that women from the Country the family were from are at a higher risk of experiencing domestic abuse than women from other European countries (Rudnicka et al., 2017). The cultural and social factors that contribute to this include traditional gender roles and patriarchal societal expectations that normalise abusive behaviour (Budziszewska & Wesolowska, 2019). More generally, women who emigrate to other countries may face additional challenges in seeking help, such as language barriers, lack of knowledge about available resources, and fear of deportation (Pietrzak et al., 2018).
- 3.2.8 In Magda's case her cultural identity was seemingly a matter which intersected with several broader experiences including her religion which was noted to have been Catholic. Due to her cultural and religious beliefs her experiences of domestic abuse may have been minimised, and her ability to seek help impacted.
- 3.2.9 Building on the co-morbid exacerbation noted in the previous section the aspects including having her children removed, her husband being convicted of an assault against her, her alcohol use, and the start of a new relationship whilst legally still married would have exacerbated her feelings of isolation specifically due to her cultural and religious identity. This would have created specific barriers for her in disclosing abuse or a new relationship as well as seeking help. In this instance her inability to disclose her new relationship with Antoni meant where incidents of him being abusive to her were reported to the police, they were not recorded as domestic abuse.
- 3.2.10 The review has highlighted the need for the system to develop its cultural competency so professionals are empowered to exercise professional curiosity in instances like this in the future through improved understanding of the specific cultural barrier that may exist for some victims as well as developing their knowledge around how to reduce the barriers for survivors, including barriers put in place by their own services.

4. Recommendations

4.1 Single Agency Recommendations (Identified by Individual Agencies)

- 4.1.1 The following single agency recommendations were made by the agencies in their IMRs. They are described in section 5 following the analysis of contact by each agency.
- 4.1.2 These recommendations are also presented by agency in the single agency recommendation action plan. These recommendations should be acted on through the development of an action plan, with each agency reporting on progress to the Safer Gloucestershire Partnership.

GDASS

- 4.1.3 **Recommendation:** GDASS will encourage staff to clearly express and document curiosity relating to other parties connected to clients (in relation to Antoni being referred to as the lodger). Whilst it is not clear that a relationship had formed during the support period, it would have been useful to have had any queries or concerns about the lodger documented so that this could be more explicit in writing this report.

Housing

- 4.1.4 There was recognition in the housing IMR for the need for increased understanding among professionals that responses to homelessness is not just about 'having a roof over someone's head'. Consideration of whether accommodation remains suitable following the removal of children, which no doubt will result in an income shock, rendering the accommodation unaffordable would mean a household is still at risk of becoming homeless.
- 4.1.5 **Recommendation:** Training around housing options for professionals across the system should be considered around how people can access housing related services.

Probation

- 4.1.6 **Recommendation:** Practitioners should consider Police checks and sharing of relevant risk information to agencies at the termination of a sentence as standard practice for all cases regardless of level of risk. Decision making in this regard should be recorded on the Probation case notes system (n-delius) and included in the final risk assessment (OASys).
- 4.1.7 **Recommendation:** Foreign Nationals should be considered for an interpreter and this consideration logged on the Probation case notes system (n-delius) and included in the risk assessment (OASys).
- 4.1.8 **Recommendation:** Where a victim is identified as being a Foreign National communication for initial contact i.e. letter should be sent in their native language to encourage response and make the offer of the service clear to them.

Police

- 4.1.9 There was some learning around accurate recording to ensure all officers have the ability to recognise when a crime requires recording, accurate recording of offence type and raising crimes when counter allegations are made or justifying why not. The intended outcome will ensure the force meets the requirements of the home office counting rules, ensures the appropriate offences are being considered and investigated and any counter allegation is followed up with appropriate investigative actions and necessary VIST submission which in turn will allow review of support agency engagement with both parties subject to reported domestic abuse.
- 4.1.10 Whilst highlighted this as an area for improvement, it was noted that the Constabulary has made considerable progress in this area and a recommendation is not necessary.
- 4.1.11 The police and crisis team partnership has evolved since the beginning of the incidents involving Magda. A mental health nurse is now contactable from 1400 hours to 2200 hours Monday to Thursday. Outside of these hours there is a separate telephone number to call where advice and support can be given. Discussions with officers as part of the IMR development indicated that it would be beneficial to have more mental health nurses available and that demand often outstrips resources.
- 4.1.12 **Recommendation:** The Police and Office for the Police and Crime Commissioner should review resource for the police and crisis team partnership to ensure it meets the demand needs and incorporated specific recognition of more complex cases where the individual may require an interpreter.

Gloucestershire Children Social Care

- 4.1.13 Gloucestershire Childrens Services was involved with Magda primarily as the parent of her two children. There was consideration that the recording of information could be improved by having a more granular inclusion of her religious background (recorded as practising Roman Catholic) and its impact on her as a victim of domestic abuse.
- 4.1.14 There was good work carried about the understanding Magda's migration history. However, further work could be carried out about how migration, being in a new country would have impacted on Magda.
- 4.1.15 GCSC has adopted a systemic approach to working with parents, at the time of work with Magda this was not yet embedded in practice. It is therefore recommended that there is an opportunity to use systemic practice to review work with parents who are not engaged in court proceedings or where they are not having contact with their children in care.

Gloucestershire Health and Care NHS Foundation Trust (GHC)

- 4.1.16 **Recommendation:** For GHC services to always consider a translator if there is any doubt that a service user may have difficulty with understanding due to a language barrier. If a suitable translator is unavailable, document and plan about the need for re-assessment with a translator present.

- 4.1.17 **Recommendation:** For all GHC services to consider asking clients/patients about domestic abuse, and when appropriate they do so, documenting each time in records the conversation around this. This is in line with the GHC Domestic Abuse Policy 2021 in which 'All Trust colleagues ask about domestic abuse as part of the core Assessment, and to maintain records according to guidance and policy'.
- 4.1.18 **Recommendation:** GHC practitioners involved with child protection process to ensure that they receive the minutes of any meetings and upload them to the children's health records ensuring that there is an accurate copy of the children's plan and evidence of the meeting for practitioners to refer back too.

Gloucestershire Hospitals NHS Foundation Trust

- 4.1.19 No recommendations

4.2 Multi Agency Recommendations (Developed by the Review Panel)

- 4.2.1 The Review Panel has made the following recommendations during this review in response to learning identified. These are described in section 5 as part of the analysis.
- 4.2.2 **Recommendation:** The Local Domestic Abuse Partnership Board (LDAPB) should consider therapeutic pathways for victims of domestic abuse to ensure access to trauma-informed mental health related support. This could be discussed jointly with the Gloucestershire Suicide Prevention Partnership.
- 4.2.3 **Recommendation:** All agencies from the panel to review their practice and pathways in to the services they offer to ensure there is practical support available for victims of domestic abuse so they have the best opportunity to access specialist services (such as mental health related support or domestic abuse services) should they choose to.
- 4.2.4 **Recommendation:** The LDAPB should work with the Gloucestershire Suicide Prevention Partnership to conduct a thematic review of local suicide DHRs and based on the findings consider recommendations to develop specific risk assessment and support pathways for victims at risk of suicide.
- 4.2.5 **Recommendation:** The training task group (under the LDAPB) should convene a learning event around intersectionality and lessons from this review.
- 4.2.6 **Recommendation:** The training task group (under the LDAPB) should ensure that intersectionality is a feature in the training pathway review.

4.3 National Recommendations (Developed by the Review Panel)

- 4.3.1 *Recommendation: The Department for Levelling Up, Housing and Communities should review with wider Central Government departments and the Domestic Abuse Commissioners Office the impact the statutory duty to provide support within safe accommodation has on community-based provision to ensure Local Authorities have adequate resource to commission wider support such as therapeutic support and specialist support for marginalised communities (particularly who may have limited safe accommodation options and thus only ever seek support within the community).*

Appendix A: References

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